Physician Office Based PharmD Practice

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Disclosures

- No conflicts of interest to disclose.
Objectives

- Describe clinical practice site
- Discuss opportunities for development of program
- Offer pearls of wisdom for building a pharmacist run ambulatory clinical practice
Michigan Medicine
Pharmacist Practice Model

- Embedded pharmacists in all primary care clinics
  - 8 general medicine and 6 family medicine sites

- Pharmacist time at primary care clinics varies depending on patient volume
  - Range = 1-3 days/week

- Provide disease state management services (diabetes, hypertension, hyperlipidemia) and comprehensive medication review services
Collaborative Practice Agreement (CPA)

- Formal relationship between a pharmacist and another health care provider

- Michigan Medicine
  - Physician delegates authority for pharmacist to autonomously provide disease state management in diabetes, hypertension and hyperlipidemia
  - Standardized CPA executed in all sites with embedded pharmacist
My Practice Site

- Embedded in one primary care site
  - 4 family medicine physicians

- Pharmacist time = 1 day/week

- Provide disease state management services (diabetes, hypertension, hyperlipidemia) and comprehensive medication review services
Disease State Management

- Focus on diabetes, hypertension and hyperlipidemia

Initial Visit
- 30 minutes in clinic or on phone
- Focus on patient engagement and intake

Follow-up Visit
- 15-30 minutes in clinic or on phone
- Focus on improving disease control through lifestyle coaching and/or medication management
Comprehensive Medication Review (CMR)

- Focus on patients with polypharmacy

**Initial visit**
- 45 minutes in clinic or on phone
- Focus on patient engagement, medication reconciliation and medication related problems

**PCP conference**
- In person, on phone or via EMR messaging
- Discuss medication related problems and propose solutions

**Follow-up visit**
- 30-45 minutes in person or on phone ~2 weeks after initial visit
- Focus on implementing solutions to medication related problems, monitoring
Patient Enrollment

- **Active referral**
  - PharmD identifies potential candidate through review of disease registry, provider clinic schedule or other means
    - Needs provider approval to engage patient
    - Opt out vs. opt in

- **Passive referral**
  - Physician or mid-level provider identifies potential candidate and sends to PharmD
Patient Outreach and Scheduling

- Outreach
  - Administrative staff vs. PharmD

- Scheduling
  - Administrative staff vs. PharmD
  - Schedule location
  - Expectations for PharmD time in clinic
Visit Specifics

- Check-in
  - Administrative staff vs. MA vs. PharmD

- Rooming
  - MA or RN vs. PharmD

- Vitals
  - MA or RN vs. PharmD

- Follow-up
  - Time to follow-up
  - Clinic vs. phone visits
  - Scheduling
Documentation

- Note templates
  - Disease specific
  - Include prompts (i.e. quality or program metrics)

- Medications & orders
  - Medication reconciliation
  - Electronic prescribing of medications and medical supplies
  - Lab orders

- Routing
  - Orders
  - Pertinent notes
Reimbursement

- Fee-for-service billing
  - BCBS commercial
  - Priority Health commercial and advantage plan

- Capitated payments
  - Medicare, CPC+

- Value-based reimbursement
  - Medicare Advantage STARS program
  - PGIP
  - ACO
  - SIM/CPC+
  - Other commercial plans
Productivity

- Monthly tracking

- Targets
  - New site (<6 months)
    - Variable by month
  - Established site (> 6 months)
    - 4-5 patients/half day
Interprofessional Collaboration

- **Physicians**
  - Shadowing to understand practice patterns, pain points
  - Bidirectional communication
    - Regular, brief communications regarding patients
    - Share success stories, not just problems
  - Education
    - Brief overview of new drugs, literature reviews, treatment guidelines or provider requested topics
  - Engage in projects

- **Office manager**
  - Participate in staff meetings
  - Express interest in clinic happenings
Interprofessional Collaboration

- Mid-level providers
  - Engagement similar to physicians

- Care managers: Nurses, social workers, dieters
  - Refer appropriate patients
  - Tag team visits
  - Provide education
    - Brief overview of care manager requested topics

- Support staff: Administrative and medical assistants
  - Learn names
  - Inclusion in projects
Metrics

- **Benefits**
  - Track progress
  - Quantify/demonstrate value added by service

- **Examples**
  - Program basics
    - # encounters/half day, face to face vs. phone encounters, payor breakdown
  - Quality performance
    - A1c, BP, diabetes checklist (nephropathy monitoring, eye exam, foot exam, statin use)
Future Innovations

- Quality metric performance monitoring
  - Track clinic performance
  - Involve PharmD in moving metric to boost performance and reimbursement

- Telemedicine
  - Improve patient access
  - Scale program
Clinical Practice Pearls

- Site selection
  - Ideal site = ↓ physicians, ↑ FTEs, ↑ patients

- Collaborative practice agreement

- Practice engagement
  - Provide specific examples of how PharmD can add value for providers and patients
  - Face in space
  - Join staff meetings

- Patient panel
  - Proactively identify and recruit patients
    - Disease registries
    - Provider schedule, warm hand off from provider at visit
    - Lab results
  - No show process
Clinical Practice Pearls

- **Space and equipment**
  - Dedicated workspace
  - Computer/laptop
  - Headset

- **Documentation**
  - Standardize
  - Note templates
    - Disease specific
    - Include prompts for metrics
  - Smart text

- **Site visits**
  - Regular meetings between physician champion, office manager, PharmD
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